

**CORONA COMPETITIVE
REGISTRATION FORM**

2023-2024

CORONA
COMPETITIVE

In pursuit of excellence



Program

ATHLETE NAME first name, last name	
DATE OF BIRTH (Y/M/D)	
STREET ADDRESS	
CITY	
POSTAL CODE	
HOME PHONE#	
PRIMARY EMAIL ADDRESS	
SECONDARY EMAIL (only if necessary)	
Contact #1 NAME	
Contact #1 CELL #	
Contact #2 NAME	
Contact #2 CELL#	

ATHLETE PROFILE
Health concerns including allergies, illness or ongoing medical issues:
Other Activities your child participates in: